PT0/88/17 (02-07)
Agground for use through 0.728/207 CMB 085-0502
U.S. Pallert and Traversank Office; 1.S. DEPART (62) CMB 085-0502
Under the Paper von's Requisition Act of 1989, no person are required to respond to a collection of information massa of displays a visid CMB control number.

Effective on 1204/2004.

Effective on 12/08/2004.				-	- COMPRETE IN TRACTION				
Fees pursuent to the Consolidated Appropriations Act, 2005 (H.R. 4818).							V808,333-Conf. #5434		
FEE TRANSMITTAL				Filing Date			March 25, 2004		
For FY 2007					First Named Inventor Kazuhito TSUKAGOSHI				
				Examiner Name	Examiner Name Not Yet Assigned				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2		2826			
TOTAL AMOUNT OF PAYMENT (\$) 180.00				Attorney Docket No. 2870-0277PUS1					
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number 02-2448 Deposit Account Name, Birch, Stewart, Kolasch & Birch, LLP									
For the above-triantified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge (ee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of X Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity									
Application Ty	roe	Fee (\$)	Fee (S) Fee (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility		300	150 500	250	200	100			
Design		200	100 100	50	130	65			
Plant		200	100 300	150	160	80			
Reissue		300	150 500	250	600	300	***************************************	***************************************	
Provisional		200	100 0	0	0	0	*************************		
2. EXCESS CLAIM FEES Small Entity									
Fee Description Fee (5) Fee (5)									
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	001	
Multiple dependent claims							360	180	
Total Claims	otal Claims Extra Claims Fee (\$) Fee		Paid (\$) Mui		litiple Dependent Claims				
-20 = x =				***************************************	Fo	e (\$) E	ee Paid (<u> </u>	
HP × highest number of total claims paid for, if greater than 20.									
Indep, Claims	Extra Cla	aims.	Fee (\$) Fee	Paid (\$)					
HP = highest numb	er of independen	of claims pa	id for, it greater than 3.						
listings und	tion and draw or 37 CFR 1.5	2(c)), the	ed 100 sheets of paper application size fee d U.S.C. 41(a)(1)(G) and	ne is \$250 (\$125)	for small er	ed sequence or a	omputer ditional 5	0	
Total Sheets	Extra	a.Sheets	Number of each	additional 50 or fre	ction therec	Fee (5)	Fee	Paid (\$)	
- 100 × /50 (round up to a whole number) × × ×									
4. OTHER FEE(S) Fees Paid (S)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filling surcharge): 1806 Submission of an Information Disclosure Statement 180.00									
SUBMITTED BY									
Signature	Mean	, 16	Pero	Registration No. (Attorney/Agent)	32,181	Telephone	(703) 205-8000		
Name (Print/Type)	Marc S. We	iner			***************************************	Date	April 23, 2007		